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OFFICE OF WAR INFORMATION

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ADVANCE RELEASE:

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America's convention-protected but unarmed hospital ship fleet, which has brought nearly 60,000 sick and wounded service men back to the United States and carried other thousands of wounded to ports of safety overseas, will be increased approximately 50 per cent in capacity by mid-summer, the Office of War Information said today in a report on the Army and Navy program to return the wounded home by sea.

Data for the report came from the Transportation Corps and the Office of the Surgeon General, U. S. Army; the Bureau of Medicine and Surgery, U. S. Navy; and the American Red Cross. In addition, an OWI representative visited the Charleston Port of Embarkation, Charleston, S. C., home port of all Army hospital ships operating in the Atlantic, boarded a number of hospital ships en route to port, and interviewed patients and Army medical and transport officials, for information vital to the program.

(A previous OWI report NB-3059, released March 9, 1945, described the program for returning the wounded by air.)

The OWI report discusses life aboard the hospital ships, the development of the hospital ship program, and the medical services available on board these ships and the troop transports, which are being used extensively to bring back large numbers of the sick and wounded.

Now that Germany has surrendered, the Atlantic fleet (20 ships) will be employed in returning the transportable wounded from Europe, as rapidly as possible. The Army expects to bring home within three months all those who by that time will be able to travel. Heretofore, several of the hospital ships moved the wounded from ports near battle zones to England.

After the return of the wounded from Europe, many of the Army's hospital ships will be diverted to the Pacific theatres. The USAHS DOGWOOD is already on her way to the Pacific; the USAHS ST. OLAF soon will follow, and in June the USAHS ST. MICHELLE, the USAHS CHATEAU THIERRY and the USAHS STAFFORD are scheduled to move to the Pacific.

As a result of V-E Day, only the USAHS CLEM and the USAHS HINDS are still in shuttle service, operating from European ports to England. Eventually, it is expected, all the Army hospital ships will operate in the Pacific, some bringing the wounded home to West Coast ports and others carrying the wounded from forward areas to rear base hospitals.

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Today 33 American hospital ships, painted white and marked with the Red Cross emblem, are plugging the ocean lanes of the world transporting the wounded. They have a total bed capacity of approximately 20,000 patients. But by mid-summer the fleet will be increased to 40 hospital ships with a capacity of approximately 30,500 patients. The new ships--including five already commissioned this spring--are both larger and faster than most of those already in operation and consequently will be able to bring the wounded home, especially from Europe, at a greatly accelerated rate.

The hospital fleet as of May 15 consisted of three CIB type Navy ships operating for the Army in the Pacific, eight Navy ships in the Pacific, two Army ships in the Pacific, and 20 Army ships operating in the Atlantic. Four more new ships will be operated by the Army and three by the Navy in the Pacific.

Navy hospital ships operating from the West Coast will be based at several ports--principally San Francisco and Los Angeles. The Army bases its Atlantic fleet at one port--Charleston--and its Pacific fleet, which includes three Navy ships operated for the Army, at Los Angeles. So far only two Navy ships, the RELIEF and the SOLACE, have returned to West Coast ports with patients after service in the Pacific.

USE OF HOSPITAL SHIPS

The Army uses hospital ships primarily for evacuation of wounded, although for limited periods they may become emergency hospitals. An example of this occurred at the time of the invasion of Southern France when 12 Army hospital ships lay near by. Wounded soldiers were taken from the beaches and treated on board ship. Army hospital ships also have operated off beachheads at Anzio, Salerno and Sicily.

Transports in hospital service are almost exclusively used for evacuation of wounded.

The Navy not only uses ships to transport the wounded, but also assigns hospital ships to the fleets. Patients may be moved to this ship from other ships of the fleet and are generally kept on board the hospital ship throughout their convalescence until they are able to return to duty.

Many of the new hospital ships will be used in shuttle service. They will lie at anchor off an island during an engagement, as at Iwo Jima and Okinawa, and when casualties have been accumulated, will debark for a port of safety where hospital facilities are available on land.

America's hospital fleet consisted of only two ships, the RELIEF and the SOLACE, at the time of the Japanese attack on Pearl Harbor, and only one of these, the RELIEF, which was 20 years old at the time, had been built as a hospital ship. All the Army hospital ships, six Navy hospital ships and the three Navy ships operating for the Army, have been added in the last year and a half.

Hospital ships are not uniform in size, speed or design, and only one was built originally as a hospital ship. Converted luxury liners, troop ships, Liberty ships and German and Italian liners--two of which served against this country in the last war--make up the fleet of "mercy" ships. Those already in service have been converted at a cost averaging about \$4,000,000 to provide for every possible comfort and medical service for wounded military personnel.

Some of the later additions to the fleet, though larger, will cost less for conversion. This because they were passenger liners, requiring less overhaul, etc. Several had passed only early stages of construction when their hulls were acquired by the Army and Navy. They, therefore, will actually begin their war service as hospital ships with conveniences and medical facilities as modern and complete as money and science can provide. (more)

NEW NAVY HOSPITAL SHIPS

Each of six new Navy hospital ships, commissioned or to be commissioned in 1945, and built on United States Maritime Commission C-4 hulls, is about twice the size of an average city hospital, and capable of caring for 800 patients. They are the first hospital ships in the world to be completely air-conditioned.

These ships, to be known as the "Haven" class, are the TRANQUILITY, which was commissioned April 24; the HAVEN, May 5; BENEVOLENCE, May 12; CONSOLATION, May 22; REPOSE, to be commissioned in late May; and SANCTUARY, scheduled to be commissioned June 18.

Each has built-in surgical aspirators, standard shore hospital lighting facilities in the operating rooms, and the equipment is equal to that in the finest metropolitan hospital.

Every berth is equipped with a radio receiving set, and in addition there are 50 pillows with built-in radio loudspeakers for the benefit of patients unable to wear earphones. Programs may be selected from two record systems and two broadcast circuits.

Special decking, the equivalent of that found on the finest luxury liners at the beginning of the war, is fire-proof and vermin-proof.

Air-conditioning of these ships, which will ply tropical and semi-tropical waters much of the time, is expected by the Navy's Bureau of Medicine and Surgery to reduce the incidence of fungi infections in patients. Prickly heat is another of the annoyances of the tropic areas that air-conditioning will help to minimize. Air-conditioning, therefore, is not merely for the comfort of the patient, but becomes a medical aid in speeding his convalescence, according to Navy doctors. The health and morale of personnel benefited by a mechanical cooling system, the efficiency of the system in providing designed conditions and economy of operation may be factors leading to its use later in other types of ships, Navy doctors believe.

"In combat ships," reports the Bureau of Medicine and Surgery, "it is obvious that the military efficiency of medical personnel is of paramount importance, and the bureau considers that future design of combat ships will use air-cooling to a wider extent."

The forward two-thirds of the new Navy hospital ships are completely clear of machinery and equipment and available for hospital spaces. Clinical facilities are situated low in the ship, with wards on and above the main deck. Surgical operating facilities are located near the metacenter.

These ships, built on the C-4 hull, are about 520 feet in length and have a displacement of 15,000 tons. Their speed is about 17.5 knots and their cruising radius 12,000 miles.

There are no cargo ports for embarking and debarking patients, but these will be moved on and off the ships by the use of ladders 40 feet wide from the main deck and by means of booms and hoists. Litters may be taken aboard by single, double or multiple litter hoists from small craft by hoisting gear at five stations on the port side and five stations on the starboard side.

Special attention has been given to the operating rooms, the neuropsychiatric department, store rooms, food services and recreation facilities.

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The operating room and anesthesia rooms are being provided with protection against the hazards of explosion from anesthetic gases and other causes.

The ships have about 85,000 cubic feet of space for storage of medical supplies, so that items needed at advanced areas may be issued from the ships' stock.

The main deck lobbies, fore and aft, are to be fitted with chairs and tables as lounges. The wide, open bridge deck will be available for movies, shows, deck sports and sun bathing.

Two of the six new Army hospital ships scheduled for commissioning this spring have already gone into service and have completed their maiden trips. They are the ALEDA E. LUTZ, named for an Army Air Forces flight nurse who was killed when her plane was shot down over France by the Nazis last fall, and the ERNESTINE KORANDA, which also was named for an Army nurse.

The LUTZ, formerly the French liner Colombie, has a capacity of 778 beds. She sailed April 18 from New York, where she was converted. The KORANDA preceded her, sailing on April 13.

The other four Army ships will be the FRANCES Y. SLANGER, named for the first Army nurse killed in the European theatre; the REPUBLIC, the HOWARD A. McCURDY and the ARMIN W. LEUSCHNER.

The SLANGER, scheduled to be commissioned June 19, was formerly the Saturnia, Italian luxury liner. She will be the largest and fastest hospital ship in the Allied service, and will be able to bring home approximately 1,700 patients per trip, nearly twice as many as the largest of the ships now afloat can transport. Her patient capacity is equal to that of three large Washington hospitals combined. She has a cruising speed of 19.3 knots, in comparison to the 17.5 knots of the Acadia, now the fastest of the Army ships, and the Tranquility, fastest Navy hospital ship.

The REPUBLIC, which will remain the Republic, is undergoing conversion in Mobile. She was formerly a German liner, later a troop ship, and will carry 1,155 patients. July 10 is the approximate commissioning date.

No date has been set for the commissioning of the HOWARD A. McCURDY, formerly the President Tyler, which is now undergoing conversion at Boston, and the ARMIN W. LEUSCHNER, formerly the Willard A. Holbrook, which is being converted at Mobile. Both are named for Army surgeons. The McCurdy will transport 618 patients, while the LEUSCHNER will transport 883.

SHIP NOW IN HOSPITAL SERVICE

A. TRANSPORTS

The Navy uses three evacuation transport ships in moving the wounded in the Pacific. They bear the names of two former Surgeons General of the Navy--RIXEY and TRYON--and of the Navy's first hospital ship commander, PINKNEY. These ships transport troops to the fighting fronts and move patients away from them. Small landing craft are generally used for moving between the ship and the beaches.

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In nine months the TRYON, typical of the three, carried more than 10,000 patients away from battle areas in the Pacific. The evacuations were mostly to Australia.

The Navy, like the Army, uses regular troop ships to a growing extent in the transportation of the wounded. The movement of transports, of necessity, is highly secret, and both the Army and the Navy, for reasons of military security, guard information relative to their return home with quotas of casualties.

Unlike the hospital ships, which are brilliantly lighted at night and are clearly marked with red crosses and a broad band of green, the transports are open prey. Nevertheless, although the actual number evacuated cannot be disclosed, transports have brought home far more wounded Army and Navy personnel than have hospital ships. In 1944, the Army returned 32,000 patients to this country by hospital ship. On the basis of figures released to OWI, transports are assumed to have brought home most of the remaining 97,000 sick and wounded Army personnel who came by sea, in addition to numbers of patients of the Navy and Marines.

Although transports, which are armed, are subject to attack, no patient has been lost en route home as a result of enemy action.

B. NAVY SHIPS OPERATING FOR THE ARMY

Three Navy hospital ships, which have been staffed with Army medical personnel, are operating for the Army in the Pacific. They are the HOPE, COMFORT and MERCY.

The COMFORT, only American hospital ship to suffer loss of life and damage as a result of deliberate enemy attack, was transporting wounded service men from Okinawa when she was hit by a Japanese suicide plane at night, April 28, 1945. Twenty-nine persons were killed, 33 injured; one is missing. The ship, steaming southward about 50 miles from Okinawa, was fully lighted in accordance with terms of the conventions. She was able to make port under her own power.

The COMFORT has been home once. Last December she docked at Los Angeles, six months after she had left the harbor for her first tour of duty in the Pacific. She brought 700 men home. In the interval she had sailed 37,000 miles, evacuating patients from forward areas to points far from combat. She was at Leyte two days after the initial assault.

The MERCY was the first hospital ship at Leyte. As she approached anchorage on this, her first mission, there was an air-raid alert. Bombs dropped and anti-aircraft guns were spitting at the skies as medical crews rushed patients aboard. Nevertheless, within a few hours, more than 400 patients were received on deck.

The HOPE, which sailed from the West Coast early last fall, has operated chiefly in the South Pacific, evacuating patients from forward areas to New Guinea.

NAVY HOSPITAL SHIPS

The Navy ships already in operation, besides the RELIEF and the SOLACE, include the BOUNTIFUL, formerly the Henderson; the SAMARITAN, formerly the troop ship Chaumont, and the REFUGE, formerly the Kenmore, and prior to that the luxury liner Madison. All three were commissioned in March 1944. Three ships commissioned in 1945 have been put into operation in the last month.

The five Navy ships created or transported a total of 30,040 patients from January 1942 through December 1944. The record per ship follows:

| <u>Name of Ship</u> | <u>1942</u> | <u>1943</u> | <u>1944</u> | <u>Total</u> |
|---------------------|-------------|-------------|-------------|--------------|
| Relief | 1,253 | 2,320 | 3,905 | 7,478 |
| Solace | 5,931 | 4,747 | 4,754 | 15,432 |
| Refuge | | | 1,314 | 1,314 |
| Samaritan | | | 2,807 | 2,807 |
| Bountiful | | | 3,009 | 3,009 |
| | 7,184 | 7,067 | 15,789 | 30,040 |

The REFUGE is typical of the three newer ships in that she has at various times been a cargo vessel, luxury liner and troop transport. She was built 24 years ago. Before assignment to the Pacific, she crossed the Atlantic once last year to bring home wounded from Normandy. She arrived at the Charleston Port of Embarkation May 24, 1944, with 597 patients aboard.

The SAMARITAN, which stood off Iwo Jima during the recent campaign, was treating the wounded in her white wards on D-Day plus one.

The BOUNTIFUL left the West Coast April 1, last year, but before New Year's Day 1945 had cared for 4,320 enlisted men, 220 officers and 3 nurses, had visited Eniwetok, Saipan, Kwajalein, Tulagi, Guadalcanal, Guam, Pavuvul, Manus, Peleliu, Kossall Passage, Leyte and Hollandia. "Fresh" casualties were picked up at Guam, Saipan and in the Palaus.

Most illustrious of the Navy hospital ships are the oldest. The RELIEF is the first hospital ship in the world to be built from the hull up for medical military purposes, and the SOLACE, which has carried more patients than all other Navy hospital ships combined until now, was at Pearl Harbor at the time of the Japanese attack. The quick work of her medical personnel is credited with saving many lives on that occasion.

The RELIEF, commissioned 25 years ago, has sailed with the fleet throughout her career and is equipped as a fleet medical supply depot. Like other Navy hospital ships, she carries a complete field hospital of 70 beds in her store rooms. These can be set up on land in the space of a few minutes. During a trial test, crewmen required only 30 minutes to get the field hospital out of the hold. Within three and a half hours, patients were treated. Patients admitted to the RELIEF are generally not passed on to shore hospitals, but are kept throughout their illness and then returned to their own ships.

For 20 years the RELIEF was the only hospital ship required for the United States Navy. Then, in 1941, in preparation for days ahead, a second one, the SOLACE, was commissioned. Formerly the coastwise steamer Iroquis, the SOLACE is smaller than the RELIEF, carrying 450 patients, but her greater speed enables her to make three trips in the time the RELIEF can make two, thus making her useful as an evacuation as well as a fleet hospital ship.

The SOLACE was under fire but undamaged at Pearl Harbor and ministered to the wounded while the attack continued. She was later cited by Admiral Chester W. Nimitz "for meritorious achievement and distinguished service during and subsequent to Japanese air attack on the United States Pacific Fleet".

Patients started coming on board a few minutes after their injuries were sustained. Over 70 per cent were burn cases, while the remainder had compound fractures, shrapnel and, machine-gun bullet wounds and lacerations. Many were so seriously burned that they could not be recognized. Large numbers were given first-aid treatment, the majority during the attack. During the first 24 hours, 26 of the patients died; 10 died the second day and one the third. There were no subsequent deaths.

"Since the attack was unexpected, we had to improvise," later reported a Navy surgeon. Some of the patients had been completely immersed in fuel oil, and all were in a serious state of shock. Most of the deaths, the Navy reported, resulted from shock.

"The thing I'll probably remember longest," one of the nurses afterwards reported, "is that we didn't have to sign chits for medicines, drugs and other supplies."

From Pearl Harbor, the SOLACE sailed on to greater achievements. On November 25, 1943, she edged in to the harbor at Abemama Island in the Gilberts to become the first hospital ship in history to enter close to the scenes of combat while hostilities were in progress.

The type of patients received, most of them from the nearby island of Tarawa, represented the "fresh" casualty. Many of them had been wounded within 24 hours prior to their admission to the ship. Only four of the patients admitted at Abemama required no surgical treatment.

The SOLACE had made her way across the Pacific to San Francisco with a load of casualties and was on her way back to Funafuti when in the Ellice Islands orders diverted her from her course to Abemama. She arrived in the morning, had her wards loaded with Tarawa and Abemama victims, and set sail the afternoon of November 25. She refueled at sea, and set her course for Pearl Harbor.

Admiral Nimitz and members of his staff went aboard the SOLACE at Pearl Harbor, and awarded the Purple Heart to 289 patients. Then the SOLACE sailed on to San Diego, arriving two days before Christmas.

This was only one of 10 evacuations made during the year, and in addition the SOLACE spent five months as a hospital for the fleet. For four months, beginning in April, she was station hospital at Noumea in New Caledonia and for another month was at Efate in the New Hebrides. Most of her evacuation journeys were between Espiritu Santo, Auckland, Wellington, Noumea and Efate.

During eight months of her greatest wartime activity, the SOLACE steamed over 50,000 miles and treated more than 10,000 patients, only 16 of whom died. More than 1,200 wounded marines and sailors were brought to the SOLACE within a few days during the Solomon Islands campaign, and 370 of these remained on board for definitive treatment.

Although the RELIEF throughout most of her career has been a fleet hospital, she also has participated in evacuations as a result of the strains of war in the Pacific. A resume of her activities during 1944 reads like a page of modern history: New Year's Day found her at anchor in the lagoon at Funafuti, in the Ellice Islands, acting as a base hospital for ships. The close of the year found her, after strenuous activity, in the shipyard at Alameda, Calif., for reconditioning. In the meantime, she had sailed 32,000 miles, during three different periods had served as a base hospital, and in between had been an evacuation hospital ship. Three times she had crossed the Equator, and six times she passed the International Date Line.

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For three months she was at Majuro in the Marshall Islands as a base hospital, treating an average of 44 patients per day in the first month, 49 in the second, and 76 during the third. A total of 6,000 patients received treatment in her clinics during the time she was at Majuro. As a medical supply ship she distributed large amounts of drugs, serums and medical supplies to other ships she contacted.

The RELIEF participated in five evacuations between theatres during 1944--one to transport the wounded from Kwajalein, two for removing patients from Saipan. On the other trips she carried the wounded from Tinian and Peleliu. On one trip she evacuated 498 patients from Noumea to the United States.

Among the casualties treated last year were 335 Japanese. In one load of 285 Japanese, 30 cases of tetanus developed.

"This was particularly striking," Navy medical records state, "as not one such case was seen in our wounded."

At times the wards of the RELIEF became so crowded and the need for taking on new casualties was so great that it was necessary to place cots on the promenade deck and in all available spaces.

Treatment of most of the casualties during evacuation was tentative, but many received definitive treatment. In one evacuation from Saipan there were 500 casualties with compound fractures.

In reporting the extent of care given these patients and the necessity for having medical supplies such as plasma and whole blood available in sufficient quantity at all times, a Navy surgeon said:

"One patient was in extremity with hemorrhage and shock from a severe leg wound. He was given 2,000 c.c. of whole blood and 2,000 c.c. of plasma on admission. Whole blood and plasma were administered during the operation and he was in an oxygen tent for 72 hours and given penicillin and gas gangrene antitoxin. In all, this patient received 6,500 c.c. of whole blood, 3,000 c.c. of plasma, 10,000 c.c. of glucose and salt; 1,800,000 units of penicillin and 120,000 units of gas gangrene antitoxin. He is now able to walk on his new leg."

Not only do the hospital ships treat the wounded, but in some instances their medical personnel has aided in stamping out epidemics on land. On arriving at one lagoon last year the RELIEF found a severe epidemic of dysentery. Cultures were taken, the organisms isolated and directions were given for treatment and the prevention of its spread. The epidemic, the Navy reported, was soon under control.

ARMY HOSPITAL SHIPS IN THE PACIFIC

The Army early this year moved two of its hospital ships, the EMILY WEDER and the MARIGOLD, each of which had crossed the Atlantic once with patients, to the Pacific. These now shuttle between Los Angeles and ports close to the battle zones.

The WEDER, named for a nurse in the last war, was formerly the President Buchanan, and the MARIGOLD was the President Fillmore, which plied between Seattle and the Aleutians. By July 1, five others will be in Pacific service. These are the DOGWOOD, ST. OLAF, CHATEAU THIERRY, ST. MIHIEL and STAFFORD.

It is expected that several of these ships will come home early this summer with casualties from Pacific battle zones.

ARMY HOSPITAL SHIPS IN THE ATLANTIC

One hundred and six times hospital ships had docked at Charleston up to May 12, 1945, bearing their cargoes of wounded and sick. On two of these occasions the British hospital ship Dorsetshire brought home American service men. One arrival was of a Navy hospital ship. The other arrivals were made by Army ships. A total of 57,421 patients were returned.

Twenty Army hospital ships are now operating from Charleston. Largest is the LOUIS A. MILNE, which was commissioned on March 16 and can carry 952 patients. Her first arrival, with casualties from Europe, was on April 17, 1945. The record of all the Atlantic fleet of hospital ships is briefed below:

(Totals given as of May 12, 1945)

| <u>Name of Ship</u> | <u>Date of First Arrival</u> | <u>No. of Trips</u> | <u>Capacity</u> | <u>Total Patients Returned</u> |
|-----------------------|------------------------------|---------------------|-----------------|--------------------------------|
| ACADIA | Nov. 5, 1943 | 13 | 787 | 9,919 |
| ALGONQUIN | Mar. 28, 1944 | 7 | 454 | 3,087 |
| CHATEAU THIERRY | April 5, 1944 | 10 | 484 | 4,788 |
| JOHN L. CLEM | Mar. 11, 1945 | 1 | 286 | 284 |
| DOGWOOD | Aug. 14, 1944 | 7 | 592 | 4,001 |
| ERNEST HINDS | Mar. 4, 1945 | 1 | 288 | 206 |
| JARRETT M. HUDDLESTON | Dec. 11, 1944 | 5 | 582 | 2,801 |
| ERNESTINE KORANDA | May 10, 1945 | 1 | 722 | 707 |
| LARKSPUR | Oct. 16, 1944 | 4 | 592 | 2,286 |
| ALEDA F. LUTZ | May 12, 1945 | 1 | 778 | 765 |
| JOHN J. MEANY | Jan. 4, 1945 | 4 | 582 | 2,306 |
| LOUIS A. MILNE | April 17, 1945 | 1 | 952 | 938 |
| ST. MICHEL | June 4, 1944 | 7 | 504 | 2,929 |
| ST. OLAF | Sept. 12, 1944 | 4 | 586 | 2,257 |
| SEMINOLE | Nov. 28, 1943 | 6 | 454 | 2,668 |
| SHAMROCK | Mar. 7, 1944 | 4 | 543 | 2,151 |
| BLANCHE F. SIGMAN | Aug. 7, 1944 | 5 | 590 | 2,868 |
| STAFFORD | Oct. 17, 1944 | 6 | 706 | 4,058 |
| THISTLE | March 7, 1944 | 8 | 455 | 3,561 |
| WISTERIA | Aug. 13, 1944 | 6 | 588 | 3,425 |
| | | | | 56,005 |

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Other arrivals:

MARIGOLD arrived at the CPE - Sept. 22, 1944, with 743 patients.
EMILY WEDER - Oct. 2, 1944, with 696 patients.
NAVY HOSPITAL SHIP REFUGE - May 24, 1944, with 597 patients.
BRITISH H.S. DORSETSHIRE - Nov. 16, 1944, and Jan. 9, 1945, with total of 952.

The patients returned on these vessels, added to the total of 56,005 returned to date, (May 12, 1945) by the fleet of 20 hospital ships assigned to the Charleston Port of Embarkation, gives a total of 58,993 patients.

The ACADIA, before she was put into service from Charleston, made a trans-Atlantic trip, ending at New York on June 25, 1943, when she brought home 782 patients from North Africa. This was the first home-coming of any American hospital ship in this war.

Several of these ships, between journeys home, until V-E Day were occupied for months at a time in shuttling between ports of the United Kingdom, France, North Africa and Italy. The number of patients returned home, therefore, is but a fraction of the number treated on the ships. The SEMINOLE, for instance, did shuttle service in the Mediterranean, and in 10 months time transported 10,000 patients in addition to those she brought in to Charleston. She was at Anzio, and made four trips in five days between Anzio and Naples prior to the push for Rome. On one of these trips, it was necessary to sail without a full load because the Germans were shelling the harbor. A British hospital ship was hit at the time. Once, in Naples, the decks of the Seminole were splattered with flak.

Likewise, the "baby ships" of the Army hospital fleet, the CLEM and the HINDS, spent long service in the Mediterranean and have come home only for the yearly overhauling that the Army requires. These are the only two to remain in shuttle service after the German surrender.

The CLEM traveled more than 35,000 miles in the Mediterranean in the last nine months, making 59 ports of call with patients of all nationalities. Tired and in need of overhauling after this lengthy war service, she came home to Charleston early in the morning of March 11, 1945, bringing 283 patients. The HINDS, her sister ship, came home March 4, 1945, with 206 patients including 75 repatriated medical corpsmen. These men, who had been detained by the Germans more than two years ago (medical personnel cannot be regarded as prisoners of war) had been exchanged for medical personnel held by the Americans. The majority of them were detained in North Africa, the rest in Italy. They were transported through German detention camps in Italy, where they stayed a short time, to German prison camps, where they remained until they were repatriated.

The ACADIA has been regarded as the "flagship" of the Army hospital fleet. She has participated in or stood by for every invasion in the European theatre--in North Africa as a troop ship, off Sicily, Italy, Normandy and southern France as a hospital ship. Men have been brought straight from the beaches to her operating rooms and wards.

On November 5, 1943, when she first arrived at the Charleston Port of Embarkation, 12 miles up the Cooper river, her load was made up of more than 700 men who had been wounded in the Sicilian invasion. Five hours were required to evacuate the patients to the waiting ambulances and buses. Today she is unloaded in less than half the time.

The ACADIA has not only made more trips across the Atlantic than any other hospital ship, and brought home the greatest number of casualties, but she also could bring home the largest number per trip until the MILNE was commissioned last month.

Built in 1931 at Newport News, the ACADIA first operated between Boston and Nova Scotia as a pleasure cruiser. In 1939 she cruised between Bermuda, Cuba and Nassau, and in that year received wide attention by ramming and sinking the excursion steamer MANDALAY in New York harbor. In 1939 she was chartered to evacuate stranded Americans from Europe. In 1940 she distributed defense workers to newly acquired island bases in the Atlantic and evacuated Army wives and children from Panama. After Pearl Harbor she transported Axis diplomats and agents out of South America. A month after the invasion of North Africa she was working as an Army transport, carrying troops to Casablanca. Then she was converted for hospital duty.

Twelve Army hospital ships lay off the southern coast of France at the time of the invasion, and were used as emergency hospitals, until orders sent them, laden with casualties, to hospitals in North Africa and England. These were the ACADIA, ALGONQUIN, CHATEAU THIERRY, JOHN L. CLEM, ERNEST HINDS, MARIGOLD, JOHN J. MEANY, ST. MIHIEL, SEMINOLE, SHAMROCK, THISTLE and WEDER. The CHATEAU THIERRY was formerly a troop ship. The patients she brings home embark at Naples. Once she was at sea 51 days, counting a five-day stop at Palermo. More recently she has been operating to England.

The ST. MIHIEL, like the CHATEAU THIERRY, was an Army troop ship prior to her conversion as a hospital ship. She brought 488 patients on her first trip home, but only 10 on one recent trip, February 13, 1945.

On this trip she had left Europe with a full load of patients, but off Bermuda she went aground. However, she made port and all her patients were taken to an army hospital. The MEANY steamed to Bermuda and picked up the patients and returned them to the Charleston Port of Embarkation. The ST. MIHIEL, when she was able to leave Bermuda and return to the Charleston Port of Embarkation brought back 10 Navy patients from the Naval Hospital in Bermuda.

Six of the Army hospital ships are converted Libertys. One of these, the DOGWOOD, was formerly the George Washington Carver. As a Liberty ship operating for the War Shipping Administration, she made a trip around the world in 1943, touching Australia, Tasmania, India and Iran. On February 23, 1944, she was designated a hospital ship. After undergoing conversion in New York she was put into service, and ended her maiden voyage at Charleston on August 14, 1944, with nearly 600 patients aboard.

The other Liberty ships now in Army hospital service are the JARRETT M. HUDDLESTON, BLANCE F. SIGMAN, ST. OLAF, WISTERIA AND JOHN J. MEANY.

The LARKSPUR, which has made four trips home, for a time was diverted to shuttle service in the Mediterranean, but is now making regular runs between Charleston and European ports. She was the first of the hospital ships to have WAC radio operators and a WAC reconditioning officer. The LARKSPUR originally was the German naval tender Breslau and was later converted into a raider, participating in the last war. She was transferred to the United States at the end of the war and became the transport Bridgeport. Her gun ports, cut through the hull of the ship, are now sealed, but still are visible.

The STAFFORD, was originally the Ward liner Siboney, operating between New York and Cuba. She served as one of the regular troop transports during the last war, then returned to the Cuban Mail Line and was used as a luxury "honeymoon" ship on the run between New York and Havana. Upon the outbreak of the present war, the liner made numerous voyages to Lisbon in 1941, bringing home American refugees. Later she was again requisitioned as a troop ship and made several trips before she was converted into an Army hospital ship. She is the the second fastest mercy ship launched to date.

The ALGONQUIN was once a pleasure cruiser and luxury liner, operating between Newfoundland and the United States. She has been in service a little more than a year as a hospital ship. Once a bomb burst a few yards away from her.

The SHAMROCK has had a varied history dating back before the last war. She is now in her second career as a hospital ship, having been converted originally during the last war. Before that she had been the freight and passenger liner, Havana, operating between New York and Cuba. She was rammed on a coral reef, salvaged, overhauled and renamed the Yucatan; then she sank in New York harbor. Raised and overhauled, she became the Navy hospital ship Comfort. But it was feared she would not be able to outrun an attacker and she remained in the harbor throughout the war. In her second career as a hospital ship, the SHAMROCK, which has a patient capacity of 543, participated in the invasion of Sicily and was off Naples during the Italian campaign. She has long been in service in the Mediterranean. She was registered as the Aguilon when she was taken over by the Army in this war.

The THISTLE, formerly the United Fruit Company boat Munargo operating between Nassau, Miami and New York, was built in 1921, acquired by the Army in 1941, renamed the S. S. Arthur Murray, for the late Major General Murray, and served in connection with the establishment of an Army air base in Greenland. In October 1943 she was converted into a hospital ship, was assigned her present name and has operated in the Mediterranean.

STAFFING HOSPITAL SHIPS

Crews on Army hospital ships, while employed by the Transportation Corps of the U. S. Army, are civilians of the United States Merchant Marine. The masters and chief engineers are graduates of the Maritime Commission schools.

Crews on Navy hospital ships are composed of Navy enlisted personnel and officers. Crews on Navy hospital ships operated for the Army likewise are Navy personnel.

The medical complements on the Army hospital ships are made up of Army doctors and nurses and medical corpsmen who are enlisted personnel of the Army, and are assigned by the Surgeon General to the Transportation Corps. Navy ships are similarly staffed by Navy doctors, nurses and non-medical specialists, all of whom are commissioned, and Navy hospital corpsmen. The medical staff on Navy ships operated for the Army is furnished by the Army.

Three medical complements, recently transferred from Camp Barkley, Texas, are in training now at the Charleston Port of Embarkation for assignment to new hospital ships.

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During and after the raining of the medical compleme , they continue their training at the port assisting in evacuation of arriving hospital ships. In addition, while waiting for assignment to a ship, they are assigned for specialized training at the Charleston Port of Embarkation Station Hospital; Stark General Hospital, of Charleston; Northington General Hospital, Tuscaloosa, Ala., and Kennedy General Hospital at Memphis, Tenn., in addition to other hospitals throughout the nation. Some members of the complement make trips on other hospital ships for added experience.

Some limited-service personnel as well as overseas veterans are included in the medical complements, but for the most part they are made up of general duty personnel especially trained medically.

The Transportation Corps, which hires civilian personnel for the crews of the hospital ships, is responsible for the mechanical operation of the vessel. The officer in charge of the medical complement aboard a hospital ship, the senior medical officer, is known as the hospital ship commander. He is responsible for the operation of the hospital part of the ship and the sanitation of the entire vessel. The master of the vessel is responsible for its operation as a ship, and is in command of the civilian crew. In addition, he is responsible for the safety of all personnel in an emergency. The master and the hospital ship commander, because of their general and parallel responsibilities, work together very closely.

The ship's civilian crew is made up of four departments: deck, engine, steward's and administrative, as on other ships. In the main galley, the Steward's Department, under the supervision of the Medical Corps personnel, prepares all the food that is served to the patients. This food is moved from the main galley to the diet kitchens in each ward, and then is served by medical personnel to the patients. The dietitian, or a member of the hospital ship complement, assigned by the hospital ship complement commander, works closely with the chief steward under the master of the vessel. A uniform 14-day menu now is being set up for all hospital ships for use during the return trip from the European theatre to the Charleston Port of Embarkation.

The civilians who make up the ship's crews are taken from two pools maintained by the Transportation Corps at the port. One is a post-graduate Maritime Service school, which includes the Merchant Marine seamen who have been trained at a Maritime Service school and are now awaiting their first assignment to ship. The second pool is made up of civilians hired by the Charleston Port of Embarkation who have been alerted for duty on hospital ships and are standing by awaiting call.

Some of the seamen are 17-year-old boys who expect to go into military service when they reach draft age. A few are discharged service men, and a few are men who have been rejected for military service.

The personnel, both medical and civilian, varies in number according to the patient capacity of the ships. The Army's table of organization for the ACADIA, for example, provides for a hospital ship complement commander, 14 officers, 37 nurses (who are also officers) one dietitian, one warrant officer, two chaplains, 147 enlisted men as medical corpsmen, or a total of 203 Medical Corps personnel. In addition there are four enlisted radio operators. The operation of the ship is the responsibility of 144 civilians.

Thus the medical complement and crew is equal to nearly half the patient load of the ship.

The new MILNE, which can carry 952 patients, has a medical complement of a hospital ship complement commander, 17 officers, 44 nurses, one dietitian, one warrant officer, two chaplains, 199 enlisted medical corpsmen. There are four enlisted radio operators. The crew is composed of 154 civilians.

The table of organization for small ships, of the HINDS class, provides for a hospital ship complement commander, 8 officers, 27 nurses, one warrant officer, one chaplain, 96 enlisted men, or a total of 134 medical personnel. There are four enlisted radio operators. The civilian crew numbers 105.

The Liberty ships have approximately the same medical complement as ships in the class of the ACADIA, but require only 124 civilian crew members.

The medium sized ships, such as the SEMINOLE, which carries approximately 454 patients, need 31 nurses, nine officers in addition to the hospital ship complement commander, one warrant officer, one chaplain and 113 medical enlisted personnel, and 134 members of the civilian crew.

A typical Navy table of organization is that provided for the REFUGE. There are 20 medical officers, three dental officers, five hospital corps officers, one volunteer specialist officer, 29 nurses, one Red Cross worker, 14 chief pharmacist's mates and 200 hospital corpsmen. For operation of the ship 22 line and staff officers and 200 enlisted men are provided.

In all instances the table of organization provides for one Red Cross worker for every 500 patients. Red Cross workers are currently assigned to 23 Army hospital ships and seven Navy hospital ships.

Reconditioning officers have been assigned to several Army hospital ships, as for instance the LARKSPUR, and it is expected that reconditioning units will be assigned to all hospital ships engaged in transporting casualties back to the United States. One officer and four enlisted men are under training for assignment to each Army hospital ship. The reconditioning unit will provide information concerning veterans rights and will assist the casualties in making adjustments on their return to the United States.

The members of these reconditioning staffs will be members of the ship's medical complement, who will perform duties aboard the hospital ship as medical complement and reconditioning personnel. At present 11 reconditioning officers are members of the WAC. In such cases, she is in charge of all WAC personnel, and in addition has other duties, such as that of special service officer, or orientation officer. It is the duty of the reconditioning staff to coordinate both the mental and physical program for the sick and wounded being returned on hospital ships. It is also its duty to coordinate all special service, Red Cross, orientation and reconditioning programs to the best advantage of the patients.

EQUIPMENT AND SUPPLIES

Equipment and supplies on American hospital ships range from boxing gloves, sheet music and comic books to electrically heated food conveyors, disinfectors, and the latest X-ray machines of shock-proof types allowing for full radiographic, fluoroscopic and urological procedures.

The power plant of the WISTERIA could supply all the electrical needs of a community of more than 750 homes. This ship is equipped with machinery that can distill and chlorinate 160 tons of fresh water daily. Sixteen miles of piping carry the water to all parts of the ship. There are 20 miles of electrical cables and wiring.

The hospital ships carry laundry facilities that use sea water.

The institution of these devices has materially reduced the quantities of linens necessary to carry in stock on the various ships.

The ACADIA carries approximately 7,000 sheets and 1,500 blankets. This is about 3,000 fewer sheets than she formerly kept in supply. Although it is not usually necessary to provide more than one blanket per patient en route home, it is expedient to have additional supplies for use in shock treatment and for bringing patients in from the beaches.

Every Army hospital ship, when restocking at Charleston, not only takes on supplies sufficient for its own use, but usually is loaded with medical supplies requisitioned for use in hospitals on and near the battlefields.

Army policy is to provide for the wounded or sick soldier the best food available from American supplies. Not only are special diets of nutritious food provided for the wounded or sick requiring them, but those who can enjoy a regular diet are provided, as nearly as possible, with the type food they had at home. Many of these men, it is explained, have been overseas living on C and K rations for long periods.

"Eggs with shells on them" are one of the prime delicacies fed to the returning patients. Fresh fruit, fresh vegetables and "fresh" frozen milk and ice cream are standard. The choicest cuts of meat in military stocks are requisitioned for use on hospital ships. Individual ship requests also are permissible, and recently one ship order included 24 bunches of fresh mint.

Each ship is supplied with non-perishable food sufficient for a round trip plus 30 days. Where it was known that the ship would be placed on shuttle service, she was supplied with food sufficient for five to six months. The ship's personnel requisitions food from a list prepared by the port steward's office of the Water Division at the Charleston Port of Embarkation, which is turned over to the port's chief of supply.

Food supplies are large, both in quantity and variety. The MILNE, on her maiden voyage, carried 1,500 pounds of cheese of all classes combined, and 1,500 pounds of fresh frozen vegetables.

In addition, she was stocked with 8,000 pounds of bacon; 28,000 pounds of beef, including 1,200 pounds of beef tenderloin; 6,000 pounds of smoked ham; 5,000 pounds of lamb carcass; 5,000 pounds of fresh veal; 18,000 pounds of all types of chicken; 300 cases of eggs, 30 dozen to the case; 1,200 pounds of liver; 2,500 pounds of frankfurters; 2,000 pounds of link sausage; 2,500 pounds of ducks; 5,000 pounds of turkey; 8,000 pounds of butter; 500 pounds of shrimp; 3,000 pounds of fresh frozen fish, assorted; 4,000 pounds of fresh pork ham; 6,000 pounds of pork loin; 2,500 pounds sausage, various types; 1,500 pounds smoked beef tongue.

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In addition, the LNE was allowed 10,000 quarts of frozen milk, 250 boxes fresh apples, 400 pounds bananas, 60 bags cabbage, 25 bags red cabbage, 50 crates celery, 100 boxes grapefruit, 50 boxes lettuce, 50 boxes pears, 25 bushels peppers, 60 lugs tomatoes, plus numerous other items. In addition, there were 2,000 gallons of ice cream.

This is the amount estimated as necessary for a round trip, during which food must be provided for the ship's crew and medical complement both ways and for nearly 1,000 patients on the return voyage, and for the 30-day reserve supply.

Such specialties as tenderloin steak, which only recently became available in quantities sufficient to stock each ship, are earmarked "for patients only."

To maintain adequate supplies for the hospital ships, it is necessary to keep a constant reserve of a 30-day level of supply, totaling 1,000,000 pounds of perishables at the port. A few of the items are:

Bacon, smoked slab, 20,000 pounds; sliced smoked bacon, 20,000 pounds; boneless frozen beef, 100,000 pounds (of this 40 per cent is suitable for roasting and broiling; 30 per cent for stewing, and 30 per cent for use as ground beef); sliced dried beef, 2,000 pounds; corned brisket of beef, 10,000 pounds; fresh tenderloin of beef, 10,000 pounds; short loins of beef, 10,000 pounds; full ribs of beef, 20,000 pounds; calf brains, 2,000 pounds; square pressed cooked hams, 10,000 pounds; smoked hams, 40,000 pounds; beef hearts, 2,000 pounds; beef kidneys, 2,000 pounds; lamb carcass, 25,000 pounds; calf liver, 5,000 pounds; beef liver, 5,000 pounds; fresh pork hams, 15,000 pounds; frozen pork loins, 30,000 pounds.

Pork shoulders, 8,000 pounds; pork spareribs, 5,000 pounds; bologna sausage, 5,000 pounds; frankfurters, 10,000 pounds; smoked liver sausage, 4,000 pounds; luncheon meat sausage, 3,000 pounds; salami, 3,000 pounds; link sausage, 10,000 pounds; beef tongue, 8,000 pounds; veal carcass, 30,000 pounds; butter, 60,000 pounds.

The supplies of chicken maintained are: fryers, 20,000 pounds; roasting chickens, 40,000 pounds; broilers, 15,000 pounds; duck, 15,000 pounds; fowl, 25,000 pounds; and turkeys, 35,000 pounds.

Each ship is allowed 4,500 pounds of fish, of 21 varieties, and in addition requisitions may be made against stocks of fruits and vegetables, including such delicacies as:

Artichokes, asparagus, avocados, bananas, cucumbers, eggplant, mint, mushrooms, oyster plant, parsley, broccoli, Brussels sprouts, cantaloupes, cauliflower, chicory, corn, endive, escarole, figs, garlic, kohlrabi, leeks, romaine, rhubarb.

Dehydrated food supplies include apples, cabbage, carrots, cranberries, onions, potatoes, turnips, and mixed vegetables. There is also raisin, rye, whole wheat and white bread.

Eighteen thousand quarts of frozen fresh milk also are held in reserve in the Charleston Port of Embarkation warehouse, and in addition a dairy in Lexington, N.C., which supplies the Charleston Port, maintains a 20,000-quart reserve. This is the amount necessary if every patient is to be assured a quart per day during his trip home. While this is standard, there is no limit on the amount of milk provided and all patients are encouraged to drink all they want.

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Frozen milk has been used since about 1920, but the Navy first experimented with it in Seattle in the hope of supplying it to troops in Alaska. In April 1944, on one of its voyages, the CHATEAU THIERRY carried two cases in paper containers. Part of the supply was homogenized and part was not. Since then it has been supplied to all Army hospital ships, and, Charleston proudly reports, "no patient gets any but fresh milk".

Frozen milk has a lower bacteria count than unfrozen, according to Army records. The bacteria count before freezing was 5,000; after being frozen for three months it was 3,000. Frozen milk may be kept as long as six months and still be palatable, but milk of this age has never been served to patients. The Surgeon General's Office has established a 90-day maximum period for the keeping of frozen milk. The date marking the end of this 90-day period is stamped on each quart container and the milk is not served after that date under any circumstances.

The Navy supplies its hospital ships with "milk manufacturing machines", commonly called the "mechanical cow". Because these ships do not follow a regular schedule in returning to the United States, it is not feasible to carry frozen milk. Whole milk, however, is reconstituted by the "mechanical cow" and is available for use of all patients treated on the Navy ships.

For a time there were one or two "mechanical cows" aboard Army hospital ships, but there is none at present. When an Army hospital ship was assigned to shuttle service overseas, she was stocked with more frozen milk by other hospital ships sailing for that area from the Charleston Port of Embarkation.

Each hospital ship maintains a complete pharmacy of serums, vaccines and medicines and must be restocked on each return to the home port. In addition, the ships frequently transport medicines and drugs to Europe for use in theatre hospitals and on other hospital ships doing shuttle service. For instance, two carloads of penicillin were recently shipped aboard hospital ships from the Charleston Port of Embarkation.

The Charleston warehouses contain in addition quartermaster supplies such as folding chairs, dishes, silverware, laundry soap and cooking utensils for the ships. For special services there are athletic supplies, pianos, books, and record players.

A tractor, with four trailers linked in a train pulled up at shipside at Charleston early on a Sunday morning to lead the STAFFORD prior to her last departure from Charleston. Supplies are loaded by departments, that is, food is loaded at one time, medicines at another, while quartermaster supplies will be loaded separately.

Food generally is loaded from the side of the ship by winches.

It takes approximately one day to load a hospital ship. Often, if repairs are necessary at the Charleston Navy Yard, supplies will be taken over by truck, in order to save time.

Supplies are checked four times; once in the warehouse as they leave on the tractors; again at shipside by the transportation clerk. At the dock they are checked again by the ship's steward. He rechecks before departure.

Quartermaster supplies observed on one tractor train included trash and garbage cans, blackboards, typewriter oil, soap powder, mops.

Painters were spraying the sides of the STAFFORD with white paint while the loading went on. Usually, as soon as one of the mercy ships docks at the Charleston Port of Embarkation apron, a lighter pulls alongside to the opposite side of the gang plank and starts spraying the vessel. Under the present system, by the time all the patients have been evacuated, the painters have completed one side of the vessel and are ready to start on the other. In this way as much time as possible is saved.

LIFE ON A HOSPITAL SHIP

Selection of patients for sea journeys is made by theatre surgeons. Once on an Army hospital ship the patient is the responsibility of the Transportation Corps, which looks after his welfare until he is safely in his ward at the Stark General Hospital in Charleston, or on a train at shipside. Then the responsibility is shifted to the Fourth Service Command.

In New York and several other points where transports arrive, the responsibility for care of the patients shifts to the service command concerned at shipside. The responsibility for medical technical supervision rests with the Surgeon General throughout.

Patients of many types, particularly those requiring specialized surgical or medical treatment, those who have a long convalescence ahead, many who are to be given a medical discharge from the Army, and some who are expected to die, are brought home. Patients are classed as ambulant, litter or mental cases. The number of mental patients returned on hospital ships varies according to the capacity of the ship to handle this type of patient as well as the number of this type of patient at the overseas hospital. About one-fourth to one-third of those returning by hospital ship at present are mental patients. Only a few of these, however, are psychotic, the majority suffering general from what is known as "battle fatigue".

Many who are litter cases when they leave from an overseas port become ambulant before they debark at Charleston. Out of 659 patients who returned on the STAFFORD recently, 75 became ambulant on the way home.

On ship, patients are assigned to wards, where they sleep in two-tiered bunks. On the ST. MICHIEL the largest ward had beds for 70 patients, and on the little CLEM when it came home 60 surgical cases were together in its largest ward.

Litter patients generally are placed topside--on the main deck and above. In cases of obstruction or of hitting a mine, it is easier to bring them from topside than from below deck. Ambulatory patients, on the other hand, can get around and their rescue would not constitute so serious a problem. It is current War Department policy that patients needing considerable medical care or who would need assistance in abandoning ship as a result of enemy action shall be sent home on convention-protected hospital ships. Patients who can help themselves may return on transports.

Special wards, cut off from the others, are provided on hospital ships for mental patients. Isolation wards for disturbed patients and for persons with communicable diseases also are provided.

The first day and night on a hospital ship bound for home are usually times of excitement, nurses and doctors report. After that the routine is established and life follows a regular pattern. It is usually in the second week that signs of restlessness or boredom appear, and it is then, the officers report, that a program of activity diversified enough to interest the different types but casual enough to be of therapeutic and entertainment value is most necessary. A day or two before the time of arrival most of the patients again show signs of excitement and eagerly watch for landfall. Sometimes, a mental case--most often those who are less seriously ill--or persons with eye injuries or lost limbs are nervous over the anticipated arrival.

Some of the intangibles are just as effective as medical and surgical treatment in meeting the patients' needs, the doctors report. The therapeutic effect of ice cream, of eggs "with shells on them" instead of dried eggs, of cold fresh milk and fruit juices is invaluable, they report, in improving the morale of the soldiers. Often the patients gain weight on the ship to the point that new casts have to be put on fractured limbs. Many of the men when they board ship, the doctors say, rest on white sheets for the first time in months or years. The cleanliness, quiet, sense of safety and the general atmosphere of efficiency that pervades the ships have an immense effect on the patients, according to Army and Navy records.

The treatment received by the patients is exactly the same they would receive in a shore hospital. Surgery, it is reported, has become as simple to perform at sea as ashore. Only during severe storms of hurricane intensity is there a need to delay operations, and Navy records indicate that only once has it been necessary to postpone an operation. Frequently, to prevent delay, the captain of the ship will head for calmer seas so that the surgeons may undertake life-saving measures. On such occasions it is not unusual for the surgeon to be strapped to the operating table.

There is need for much immediate surgery for many reasons other than life-saving, records show. Early repair saves months of convalescence, or it may save extensive plastic surgery. Even bronchoscopy is possible at sea and it is essential for the removal of foreign bodies in the lower respiratory tract as well as for diagnosis and assistance to the chest surgeon, doctors report.

Nearly every naval engagement or land battle provides new types of injury to tax the ingenuity of the ships' doctors, surgeons report; and in many instances it is necessary to improvise entirely new techniques, so that surgeons on hospital ships have an opportunity to record priceless data for the guidance of other medical officers.

The medical officers, living on board ship in close contact with the patients, are prepared for sudden contingencies. There is life drill daily.

As soon as the patients come aboard the hospital ships overseas, the wardmen acquaint themselves with the patients who have been assigned to their care in the event of an emergency. They determine how a life jacket can be put on each patient, and make notes whether the patient has casts or can move under his own power. In addition, each group of wardmen, nurses and patients has a special exact route to the lifeboat to which it is assigned. In the event of an emergency at sea, each group would move by its own route to the lifeboat to which it was assigned and stand beside the lifeboat to await further orders. In such an emergency, the master of the ship would be in complete charge of the lowering of lifeboats.

In this war, however it has not been necessary for patients to be debarked at sea from hospital ships.

From 13 to 14 days is the average length of a voyage from an European port. The trip has taken as long as 18 days, but only when the ship was forced to take a route from Italy, for instance, southward to the North African coast, and then close to the North African coast to the Straits of Gibraltar, and then along the southern route across the Atlantic. However, after the invasion of Italy, when the Mediterranean was cleared of submarines and Axis aircraft, the hospital ships began to take a direct route across the Mediterranean, and thus were able to cut down appreciably on the time for their voyages.

The Navy Department prescribes the route to be taken by all Army hospital ships, keeping in mind two main factors--the security and comfort of the patients. Comfort of the patient aboard an Army hospital ship is considered far more important than the speed at which the ship reaches the home port at the Charleston Port of Embarkation. Thus, if the northern Atlantic route is too cold, the Army hospital ship would be diverted to the southern route.

En route home, it is not unusual, doctors and nurses report, for ambulant patients, recognizing the monotony of confinement to which the litters are subjected, to volunteer for a multitude of duties. They carry trays, run small errands for the nurses, help in the wards. They "even volunteer for K.P. duty and like it," according to Charleston records.

Special diets are required for many patients, but for those who can enjoy a full meal, the menus are varied and tempting.

Christmas dinner on the MEANY consisted of fruit cocktail, consomme, tomato bisque, olives, radishes, onions, roast stuffed turkey, giblet gravy, steak, cranberry sauce, baked Virginia ham with champagne sauce, candied sweet potatoes, whipped potatoes, peas in cream, spinach, asparagus salad with Thousand Island dressing, plum pudding with brandy and hard sauce, assorted pastries, apple pie, cheese, nuts, raisins, fruit, coffee.

A day's menus, picked at random, on the SIGMAN follows: (February 21) Breakfast--grape juice, stewed fruit, cream of wheat, dry cereals, bacon, eggs to order, baking powder biscuit, toast, orange marmalade, preserves, milk, tea, coffee, cocoa. Lunch--soup, broiled sirloin of steak, ham hocks, red kidney beans, string bean salad, cold cuts, sweet relish, dill pickle, chow chow, mince pie, biscuit, cheese, crackers, tea, coffee, iced tea. Dinner--queen olives, consomme, roast sirloin of beef, brown gravy, fried pork chops, roast potatoes, mixed vegetables, cold cuts (in saloon mess only), sliced tomatoes, fruit chutney, chow chow, sliced pineapple, fresh fruit, cheese, crackers, tea and coffee.

Usually on the last night at sea a special dinner is served.

SPECIAL SERVICES

When the ACADIA came home on last Christmas morning a Christmas tree was lashed to her foremast and other trees, gaily decorated, were placed in various wards. The doctors and nurses had cut them in Italy.

The chaplain read midnight mass, and troubadours--ambulatory patients--went through the wards singing carols.

This is typical of the "special services" provided aboard hospital ships.

The ACADIA had planned to be home by Christmas, but Army regulations are that all unloading of hospital ships must take place in day-time. The ACADIA and the DOGWOOD steamed into Charleston, harbor late Christmas Eve. Every light was on; the red crosses blazing from bulbs totaling 8,000 watts, gleamed across to the Battery. The people of Charleston sang and cheered, and some wept. "It was a beautiful sight for Christmas Eve," said Army officers who saw the ships.

A "special services" officer is designated on each ship. He is responsible for the recreation program, and for therapeutic activities such as crafts, which beguile the tedious hours.

On most of the ships he is assisted by Red Cross workers. The Red Cross has assigned 30 girls to Army and eight to Navy hospital ships. More are to be assigned in the near future.

Movies are shown in the larger wards, daily on most ships. Music is broadcast over loudspeakers. Sextets, quartets and larger choral units are organized among the patients; community songs are conducted over the public address systems. Classical, popular and "hill-billy" programs are arranged.

Animated cartoon shorts and comedies are the most popular film fare; war subjects are generally avoided.

Every ship contains a library, which is replenished after each trip. Comic books are most popular, but mysteries also are widely read. Biography, history and fiction also are in some demand.

The "Salt Water Syndicate" is the unofficial name for the "chain" of hospital ship papers. Each ship publishes a daily news sheet, containing brief news of the war and information of special interest to the patients. There is a more formal publication, which is generally issued once during the voyage. Part of the staff is made up of patients. "Fore and Aft" is the name of the ship publication of the ACADIA; "News Buoy" is the publication of the LARKSPUR.

In the evenings there are quiz programs, forums, a record hour, amateur hour, or radio skits.

A large map of the ocean is hung in the lobby of some of the ships and each day the ship's master marks the progress of the voyage.

On the SEMINOLE, the Red Cross worker has organized a "hill-billy" trio, which plays in all wards, "always in the key of C because the guitar player couldn't play in any other." Because of the interest in music stimulated by the Red Cross worker, this ship carries six guitars, two mandolins, two violins, two saxophones, three pianos, two accordions, two trombones and other instruments. "They are always being used," she reports.

The Red Cross worker on the ST. MIHIEL developed a frame for holding and lining paper so that blind patients may write their own letters home.

Birthday parties are traditional. Every patient whose birthday occurs during the voyage is honored with ice cream and cake and special entertainment is provided in his ward.

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On the eastbound trips of hospital ships from Charleston the medical personnel hears lectures on medical subjects, studies languages and has organized games. The enlisted personnel attends classes on care of patients in the wards, may attend orchestra rehearsals, hears book reviews, or organizes debates and tournaments.

THE ARRIVAL HOME

An arrival party goes out into the harbor to meet each home-coming hospital ship at Charleston. Over the public address system, the patients are greeted and briefed on security on behalf of the War Department and the commanding general of the Port of Embarkation.

In about an hour the ship has reached the dock. Men are craning for a glimpse of American land from the port-holes. Ambulatory patients are usually crowding on the decks.

On the apron at the port three bands are set up, one of them usually a WAC band, to play popular American tunes.

Long rows of ambulances for the litter patients, metropolitan type ambulances for any emergency cases, and buses for the ambulants, are in orderly arrangement on the dock. Two gang-planks go down, the evacuation officers take their stations, the evacuation crews go on ship, and soon the first patients have touched land.

About 24 hours after the ship had set sail, information had been radioed giving the number of patients by class, the service status and number of officers, enlisted men and women, and any special medical information needed. All important information is relayed to the port by radio--whether any blood donors are needed, if any of the patients are moribund--first 48 hours and then 24 hours prior to the arrival of the ship.

Before the ship docks each evacuee is marked with a tag to indicate the hospital ward to which he will go: white tags for officers and women, red for surgical cases, blue for medical and green for neuropsychiatric cases.

In preparing for evacuation each ship is given separate consideration: Is there a central stairway? Are the wards easy of access? Such considerations are necessary in determining the personnel required for the rapid evacuation of the ship.

Military police, litter bearers, medical corpsmen at the doors to the ambulances and buses; attendants, are all in place when the ship docks. Usually the ambulatory patients are removed first, officers preceding the enlisted men, an attendant bearing the luggage of each man.

Trial and error has resulted in a plan that makes it possible to debark 10 ambulatory patients per minute; five litters may be removed each minute. The CLEM, on her arrival, although she had not come home before, was unloaded in an hour and five minutes; the ACADIA with nearly 800 patients aboard was unloaded in two hours and ten minutes. On Christmas Day, when 1,400 patients arrived on two ships, the evacuations were completed before noon in two hours and a half.

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Litter bearers and patient-attendants file up one gang plank, go to the proper wards, pick up their charges, and file down the other gang-plank. In this way, the litter bearers and material do not impede the evacuation progress. Likewise, vehicles move up to the apron via one route, swing around to the foot of the gang-plank and load the wounded. Then, they leave by an alternate route. There is no traffic problem.

Through this method the time for evacuation has been cut without danger to the comfort or safety of the patients, the Port Surgeon reports.

"Much of the greater rate," said the evacuation officer, "has been due to a constant vigilance on the part of the port personnel involved in the evacuation to improve methods. Much more is due to the soldiers who perform their important duties as bus and ambulance drivers, medical attendants, patient-attendants and litter bearers. They are performing with great skill and gentleness."

As the ambulances and buses pull off the apron they stop at the Red Cross stand, where doughnuts, milk and ice cream are given out to the patients. For the ACADIA patients there were 1,600 doughnuts, 800 half-pints of milk and 67 gross cartons of ice cream. Twenty-one Red Cross volunteers were on duty.

M. P.'s line the highway to direct traffic the eight and a half miles to the Stark General Hospital, where the Army patients are taken.

One medical officer and from two to six attendants are assigned to each bus for the ride to Stark; 10 per cent of the capacity of the bus is reserved for the personal effects of the patients. The patient and his luggage, including the "diddy" bag of comfort articles given him by the Red Cross when he embarked overseas, are never separated.

Only twice so far has it been impossible to evacuate all Army patients to Stark. On October 9 when two ships arrived, the hospital, where patients usually remain not more than three days before being transferred to other hospitals throughout the country, was full. Consequently a long hospital train pulled up on the apron at the port and the patients were unloaded directly from the ship to the train, which carried them to the Oliver General Hospital, Augusta, Ga. Time for debarking patients from hospital ship to waiting hospital train was found to be virtually the same as that required to embark them to waiting ambulances and buses.

Patients have never been evacuated directly from hospital ship to plane in Charleston, although this could be easily done. Patients sometimes are debarked from hospital ships, taken to Stark and then removed to the Charleston Army Air Base to hospital planes, and on one occasion a convoy of ambulances moved 260 patients from Stark to planes to make way for new hospital ship arrivals. Moreover, a system has been worked out for the evacuation of patients directly from the hospital ship by bus and ambulance to the Air Base, a distance of 4.2 miles, where they could be taken aboard planes for transport to distant hospitals.

During late 1943 there were only two arrivals of hospital ships at Charleston. Throughout most of 1944 the average was one to two a week; in October two arrived on a single day. On March 7, 1945, the ACADIA and the STAFFORD both arrived, bringing in a total of 1,458 patients. There were two more arrivals that week.

"We can easily take care of four arrivals a day, as far as the port facilities are concerned," officers reported, "but the problem is the disposition of the patient." Stark can care for 3,000 patients at a time; when rail lines are jammed or planes are not available, evacuation from the hospital may be delayed.

Various types of emergencies may develop. En route on the ACADIA recently, a private who had received a shrapnel wound in France developed a gangrenous infection, and transfusions were given. He failed, however, to respond, and doctors learned that his blood type had changed and he needed blood with an RH negative factor. A message was radio-phoned to the port two hours prior to the arrival of the ship. In less than 10 minutes a sergeant, the only man at the port with the type of blood needed, was detached from his duties in evacuating another hospital ship, and was on a Coast Guard cutter hurrying toward the ACADIA. In half an hour the life-saving transfusion was given.

Telephone connections are the first installation in a hospital ship after it is tied up at the Charleston Port of Embarkation after the gang-plank is put in place. In emergencies, therefore, a doctor or a Red Cross worker is able to telephone to Stark, and Red Cross workers at Stark can contact the soldier's family. In this instance, the family was notified, and a few hours later were on their way to Charleston.

SAFE CONDUCT FOR HOSPITAL SHIPS

The United States strictly observes the provisions of the Hague Convention in the operation of hospital ships.

As a signatory to the treaty of the 1907 Hague Convention, which adapted the provisions of an earlier Geneva Convention to hospital ships, the United States, in its use of hospital ships, must afford relief and assistance to the wounded, sick and shipwrecked of all belligerents without distinction as to their nationality.

Many Germans, Italians and a very few Japanese have been treated or transported on American hospital ships. It is possible, under the terms of the Hague Convention, for American hospital ships to be taken over by the enemy when it is imperative that they move their own wounded. This, however, has not occurred in this war.

Hospital ships may not be used for any military purpose, but they must in no wise hamper the movements of combatants. During and after an engagement they act at their own risk and peril.

The enemy has the right at any time to stop a hospital ship, to control its movement or to search it; the ship may be detained if important circumstances make this necessary. Nothing like this, however, has occurred in this war.

The ships are easily recognizable. They must be distinguished by being painted white outside, with a green band one and a half metres wide, and with red crosses painted on the sides and stacks. A Red Cross flag as well as the national flag flies from the ship. The name of the ship also must be plainly visible. The lifeboats similarly are painted white and are adorned with the red cross and the green band emblems of the Hague Convention.

(more)

The enemy must be notified when a new hospital ship is put into service, and cables go through Switzerland to the enemy prior to every sailing.

The ships are brightly lighted at night. Several have been sighted by submarines during the course of the war, but no harm has come to any American ship as a result of submarine action.

The chaplains and medical personnel are regarded as protected, non-combatant personnel. They must carry Red Cross identification papers. They may be detained by the enemy, but may not be regarded as prisoners of war. If they are detained by the enemy and then repatriated, they may not again perform war service.

Only a supply of small arms necessary to prevent mutiny is allowed on hospital ships. Consequently, the only "protection" afforded them is that which is guaranteed by all the signatories to the Hague Convention plus any decency of belligerents. Germany and Japan have signed the convention treaty and have ratified it. Recently, however, the COMFORT was hit, when a Japanese plane made what obviously was an overt attack upon an American hospital ship.

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